

Name In Full

Certificate of Death

Chas. Cartmell.

Salisbury

Town

Wicomico

County

MARYLAND

Died at

Salisbury

Month

Day

Wicomico

Y.

M.

D.

Native of

Occupation

Date 1902

March 17

Age

35

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Chas Cartmell

Mother's

Maiden Name

Cause of

Primary

Accident 172

How long sick

Death

Immediate

Drowned Wicomico River

Accident, Suicide, Homicide

Reported by

Leland Cannon

Address

Salisbury Md

MA Zader Cannon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70838



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                     |                         |             |                 |      |          |  |
|-----------------------------------|---------------------|-------------------------|-------------|-----------------|------|----------|--|
| Died at                           |                     | Town                    |             | County          |      | MARYLAND |  |
| Near <i>Freightland</i>           |                     |                         |             | <i>Wicomico</i> |      |          |  |
| Date                              | Month               | Day                     | Years       | Months          | Days |          |  |
| of death 1902                     | <i>Nov.</i>         | <i>8th</i>              | <i>48</i>   | <i>3</i>        |      |          |  |
| Sex                               | Color or Race       |                         | Birth-place |                 |      |          |  |
| <i>Female</i>                     | <i>colored</i>      |                         | <i>Md.</i>  |                 |      |          |  |
| Married, Single or Widowed        | Occupation          |                         |             |                 |      |          |  |
| <i>Married</i>                    | <i>Housewife</i>    |                         |             |                 |      |          |  |
| Name of Wife or Husband           |                     |                         |             |                 |      |          |  |
| <i>William Coatsman</i>           |                     |                         |             |                 |      |          |  |
| Father's Name                     | Father's Birthplace |                         |             |                 |      |          |  |
| <i>Stephen Banks</i>              | <i>Md.</i>          |                         |             |                 |      |          |  |
| Mother's Maiden Name              | Mother's Birthplace |                         |             |                 |      |          |  |
| <i>Ann Banks</i>                  | <i>Md.</i>          |                         |             |                 |      |          |  |
| Name of person giving information |                     | How related to deceased |             |                 |      |          |  |
| <i>J. M. Coatsman</i>             |                     | <i>40</i>               |             | <i>Husband</i>  |      |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                        |  |
|--|------------------------|--|
| Primary  | How long               |  |
| <i>Said to be cancer of the liver</i>                                |                        |  |
| Immediate  | How long               |  |
|  |                        |  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |  |
| <i>yes</i>   | <i>Geo. C. Hill</i>    |  |
|  | Address                |  |
|  | <i>Undertaker</i>      |  |
| Accident or Suicide?   |                        |  |

Dr. J. I. T. Long of Allen attended  
her but I could not get certificate  
of him before burial Geo. C. Hill

Name  
in  
Full

Helen M. Figg

## CERTIFICATE OF DEATH

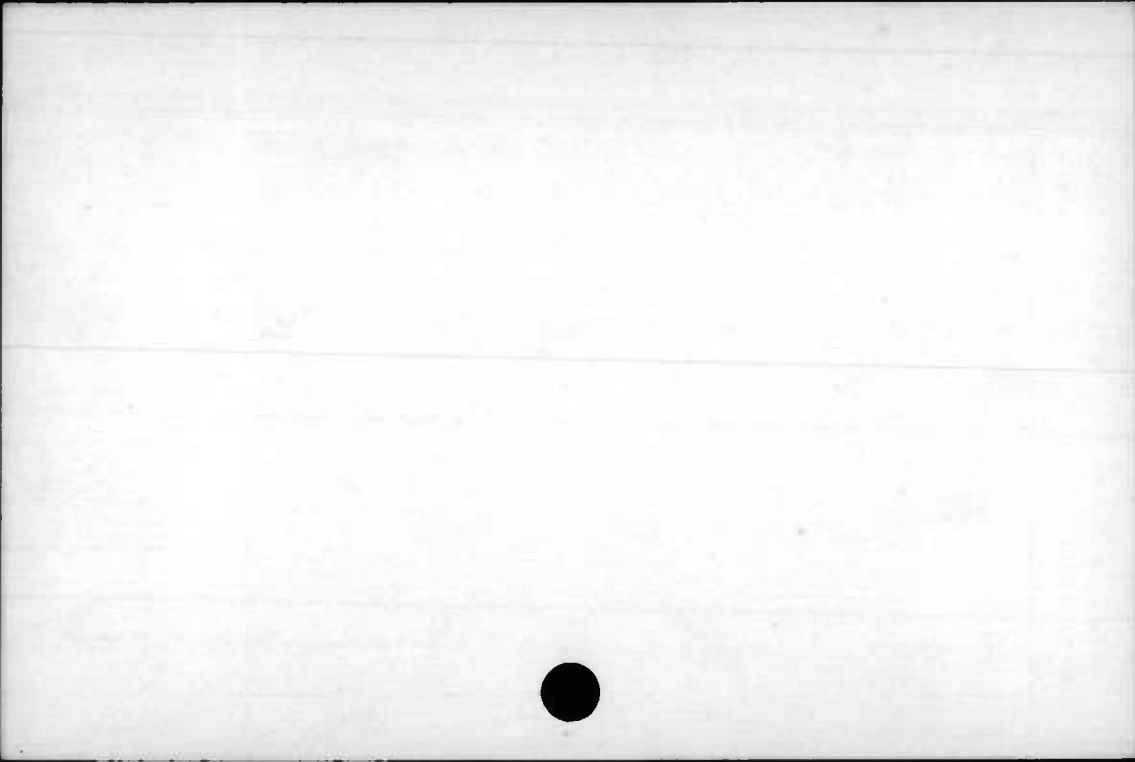
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |        |           |               |        |                         |             |               |          |  |
|-----------------------------------|--------|-----------|---------------|--------|-------------------------|-------------|---------------|----------|--|
| Died at                           |        | Salisbury |               | County |                         | Wicomico    |               | MARYLAND |  |
| Date                              | Month  | Day       | Years         | Months | Days                    |             |               |          |  |
| of death 1902                     | Nov.   | 10        |               |        |                         |             |               |          |  |
| Sex                               | Female |           | Color or Race | White  |                         | Birth-place | Salisbury Md. |          |  |
| Married, Single or Widowed        |        |           | Occupation    |        |                         |             |               |          |  |
| Name of Wife or Husband           |        |           |               |        |                         |             |               |          |  |
| Father's Name                     |        |           |               |        | Father's Birthplace     |             |               |          |  |
| Amos Figg                         |        |           |               |        | Maryland                |             |               |          |  |
| Mother's Maiden Name              |        |           |               |        | Mother's Birthplace     |             |               |          |  |
| Annie Dennis                      |        |           |               |        | Maryland                |             |               |          |  |
| Name of person giving information |        |           |               |        | How related to deceased |             |               |          |  |
| Levin W. Figg                     |        |           |               |        | Grand Father            |             |               |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                       |                        |          |
|--|---------------------------------------|------------------------|----------|
| Primary  | I don't know the cause of Death       |                        | How long |
| Immediate  | child died suddenly and had no Doctor |                        | How long |
| Are the name, age, sex, color, date and place correctly given above? |                                       | Signature of Physician |          |
| Geo. C. Hill   |                                       | Address                |          |
| 151  |                                       | Undertaker             |          |
| Accident or Suicide?   |                                       | Salisbury Md.          |          |



Name  
in  
Full

Wm. Sidney Gordy (Infant)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                  |                                       |  |                                 |               |  |  |
|--|--|------------------|---------------------------------------|--|---------------------------------|---------------|--|--|
| Died at <i>Salisbury</i> <small>Town</small> |  |                  | <i>Wicomico</i> <small>County</small> |  |                                 | MARYLAND      |  |  |
| Date of death 190 <i>2</i>                   |  | Month <i>Nov</i> | Day <i>11</i>                         | Age <i>4 days</i> <small>Years</small> | Months <i>0</i>                 | Days <i>4</i> |  |  |
| Sex <i>Male</i>                              |  |                  | Color or Race <i>White</i>            |  | Birth-place <i>Salisbury Md</i> |               |  |  |
| Married, Single or Widowed <i>Infant</i>     |  |                  |                                       | Occupation                             |                                 |               |  |  |
| Name of Wife or Husband                      |  |                  |                                       |  |                                 |               |  |  |
| Father's Name <i>Wm. Sidney Gordy Jr.</i>    |  |                  |                                       |  | Father's Birthplace <i>Md.</i>  |               |  |  |
| Mother's Maiden Name <i>Clara White</i>      |  |                  |                                       |  | Mother's Birthplace <i>Md.</i>  |               |  |  |
| Name of person giving information <i>151</i> |  |                  |                                       |  | How related to deceased         |               |  |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |            |  |                 |
|--|--|------------|--|-----------------|
| Primary  | <i>Hemorrhage Stomach &amp; Bowels</i> |            | How long   | <i>30 hours</i> |
| Immediate  |  |            | How long   |                 |
| Are the name, age, sex, color, date and place correctly given above? |  | <i>yes</i> | Signature of Physician <i>F. M. Clemons M.D.</i> |                 |
|  |  |            | Address <i>Salisbury Md</i>                      |                 |
| Accident or Suicide?   |  |            |  |                 |





Name  
in  
Full

Marion L Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                  |                            |                        |                                       |                 |                |  |
|--|------------------|----------------------------|------------------------|---------------------------------------|-----------------|----------------|--|
| Died at <i>Salisbury</i> Town                        |                  |                            | <i>Wicomico</i> County |                                       |                 | MARYLAND       |  |
| Date of death 190 <i>2</i>                           | Month <i>Nov</i> | Day <i>23</i>              | Age                    | Years                                 | Months <i>2</i> | Days <i>22</i> |  |
| Sex  |                  | Color or Race <i>White</i> |                        | Birth-place <i>Salisbury</i>          |                 |                |  |
| Married, Single or Widowed                           |                  |                            |                        | Occupation                            |                 |                |  |
| Name of Wife or Husband <del><i>O L Hall</i></del>   |                  |                            |                        |                                       |                 |                |  |
| Father's Name <i>O L Hall</i>                        |                  |                            |                        | Father's Birthplace <i>Del</i>        |                 |                |  |
| Mother's Maiden Name <i>Jennie Auston</i>            |                  |                            |                        | Mother's Birthplace <i>Del</i>        |                 |                |  |
| Name of person giving information <i>Jennie Hall</i> |                  |                            |                        | How related to deceased <i>Mother</i> |                 |                |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Premature birth</i>  | How long <i>—</i>                         |
| Immediate <i>Infection &amp; exhaustion</i>                                     | How long <i>since birth</i>               |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>M. J. Smith</i> |
|   | Address <i>Salisbury, Del</i>             |
| Accident or Suicide?  |   |



Name  
in  
Full

Dorothy Hayman

CERTIFICATE OF DEATH

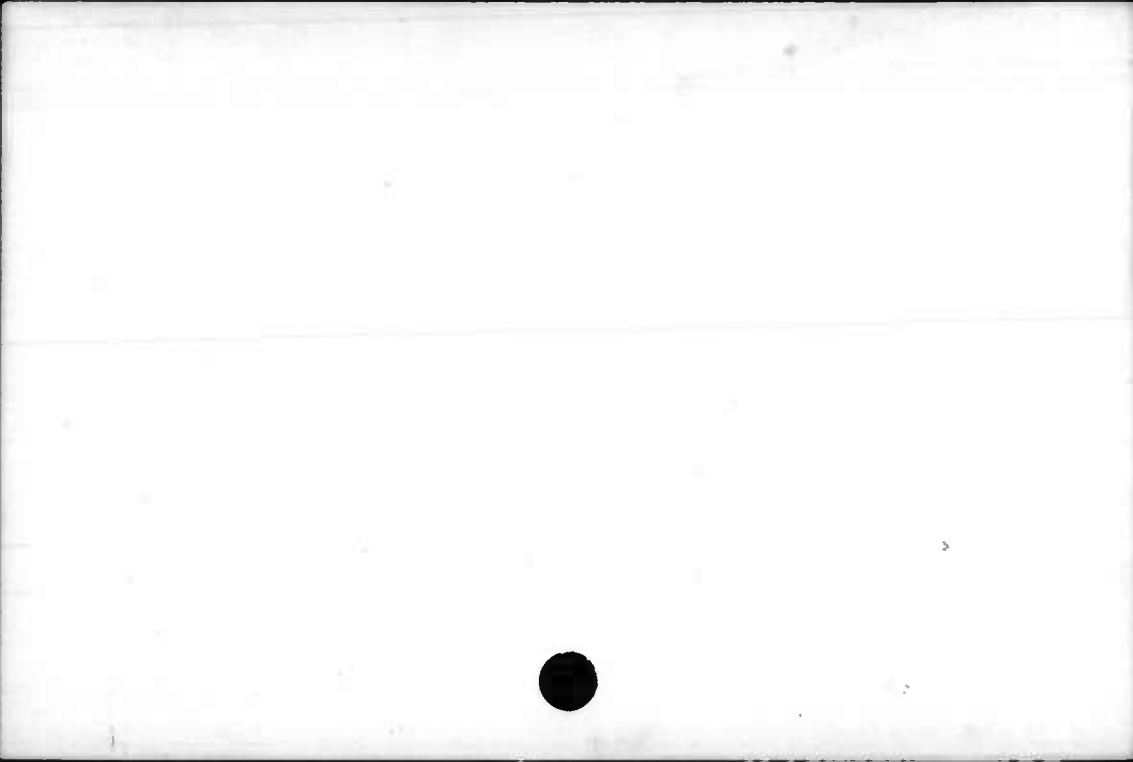
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                                  |                      |                                       |  |                    |                  |  |
|---|----------------------------------|----------------------|---------------------------------------|--|--------------------|------------------|--|
| Died <del>at</del> <i>Not</i> <i>Someplace</i>            |                                  | Town <i>Wicomico</i> |                                       | County                                       |                    | MARYLAND         |  |
| Date<br>of death 190 <i>2</i>                             | Month<br><i>Not.</i>             | Day<br><i>1</i>      | Age                                   | Years<br><i>—</i>                            | Months<br><i>7</i> | Days<br><i>—</i> |  |
| Sex<br><i>Female</i>                                      | Color or<br>Race<br><i>white</i> |                      | Birth-<br>place<br><i>Wicomico Co</i> |  |                    |                  |  |
| <del>Married, Single</del><br><del>or Widowed</del>       |                                  |                      | Occupation                            |  |                    |                  |  |
| <del>Name of Wife or</del><br><del>Husband</del>          |                                  |                      |                                       |  |                    |                  |  |
| Father's<br>Name<br><i>Asbury Hayman</i>                  |                                  |                      |                                       | Father's<br>Birthplace<br><i>Wicomico Co</i> |                    |                  |  |
| Mother's<br>Maiden Name<br><i>Alverta Howes</i>           |                                  |                      |                                       | Mother's<br>Birthplace<br><i>Maryland</i>    |                    |                  |  |
| Name of person giving<br>In formation<br><i>Physician</i> |                                  |                      |                                       | How related<br>to deceased<br><i>brother</i> |                    |                  |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |            |  |
|---|------------|--|
| Primary<br><i>Acute Hydrocephalus</i>                                   | <i>150</i> | How long<br><i>5 days</i>                                |
| Immediate<br><i>Heart failure</i>                                       |            | How long<br><i>—</i>                                     |
| Are the name, age, sex, color, date<br>and place correctly given above? | <i>yes</i> | Signature of<br>Physician<br><i>Louis W. Morris M.D.</i> |
|   |            | Address<br><i>Salisbury Md.</i>                          |
| Accident or Suicide?  |            |  |



Name  
In Full

## CERTIFICATE OF DEATH

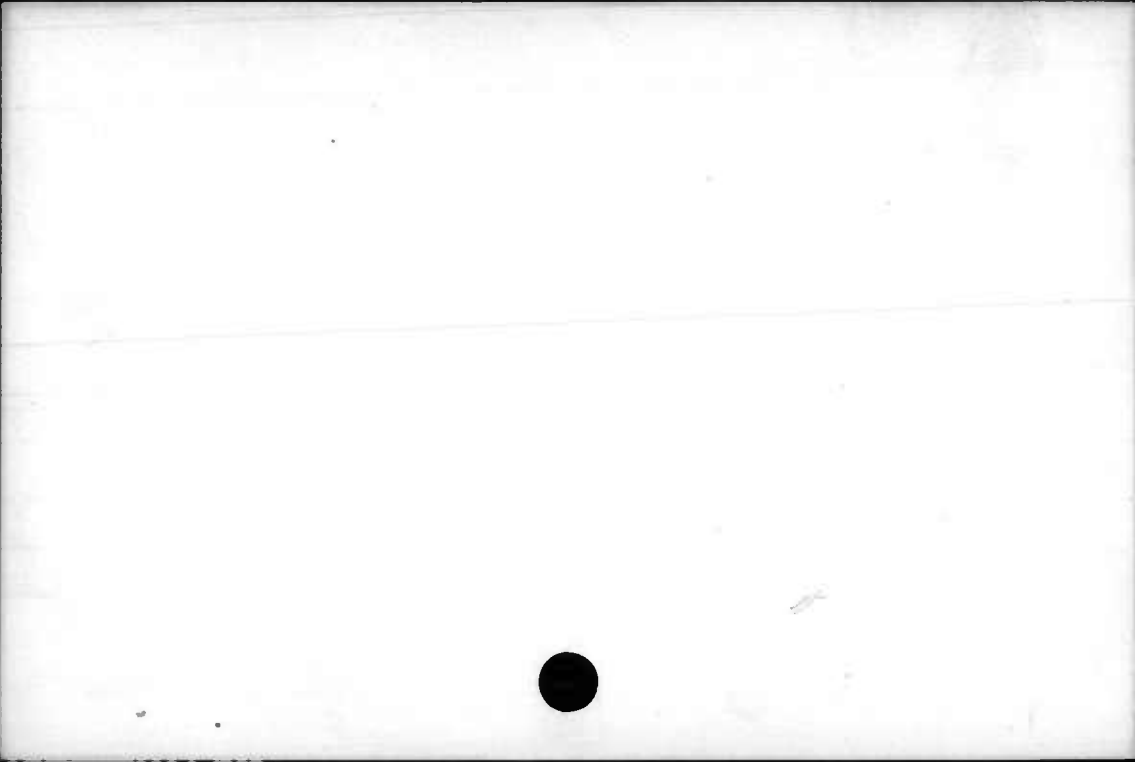
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |                         |  |             |  |          |  |
|-----------------------------------|--|-------------------------|--|-------------|--|----------|--|
| Died at                           |  | Town                    |  | County      |  | MARYLAND |  |
| Date of death 1902                |  | Month                   |  | Day         |  | Years    |  |
| 1902                              |  | Nov                     |  | 15          |  | Age 65   |  |
| Sex                               |  | Color or Race           |  | Birth-place |  |          |  |
| Male                              |  | White                   |  | Maryland    |  |          |  |
| Married, Single or Widowed        |  | Occupation              |  |             |  |          |  |
| Married                           |  | Ship Carpenter          |  |             |  |          |  |
| Name of Wife or Husband           |  |                         |  |             |  |          |  |
| Dorothy Kibble                    |  |                         |  |             |  |          |  |
| Father's Name                     |  | Father's Birthplace     |  |             |  |          |  |
| William Kibble                    |  | Md.                     |  |             |  |          |  |
| Mother's Maiden Name              |  | Mother's Birthplace     |  |             |  |          |  |
| Ann Smith                         |  | Md.                     |  |             |  |          |  |
| Name of person giving information |  | How related to deceased |  |             |  |          |  |
| J. W. Kibble                      |  | Brother                 |  |             |  |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |                        |  |
|--|--|------------------------|--|
| Primary  |  | How long               |  |
| Pulmonary Tuberculosis   |  | 20 years               |  |
| Immediate  |  | How long               |  |
| Exhaustion   |  | 20 weeks               |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician |  |
| Yes  |  | J. W. Kibble           |  |
|  |  | Address                |  |
|  |  | Salisbury, Md.         |  |
| Accident or Suicide?   |  |                        |  |
| No   |  |                        |  |



Name  
in  
Full

Alexander King

## CERTIFICATE OF DEATH

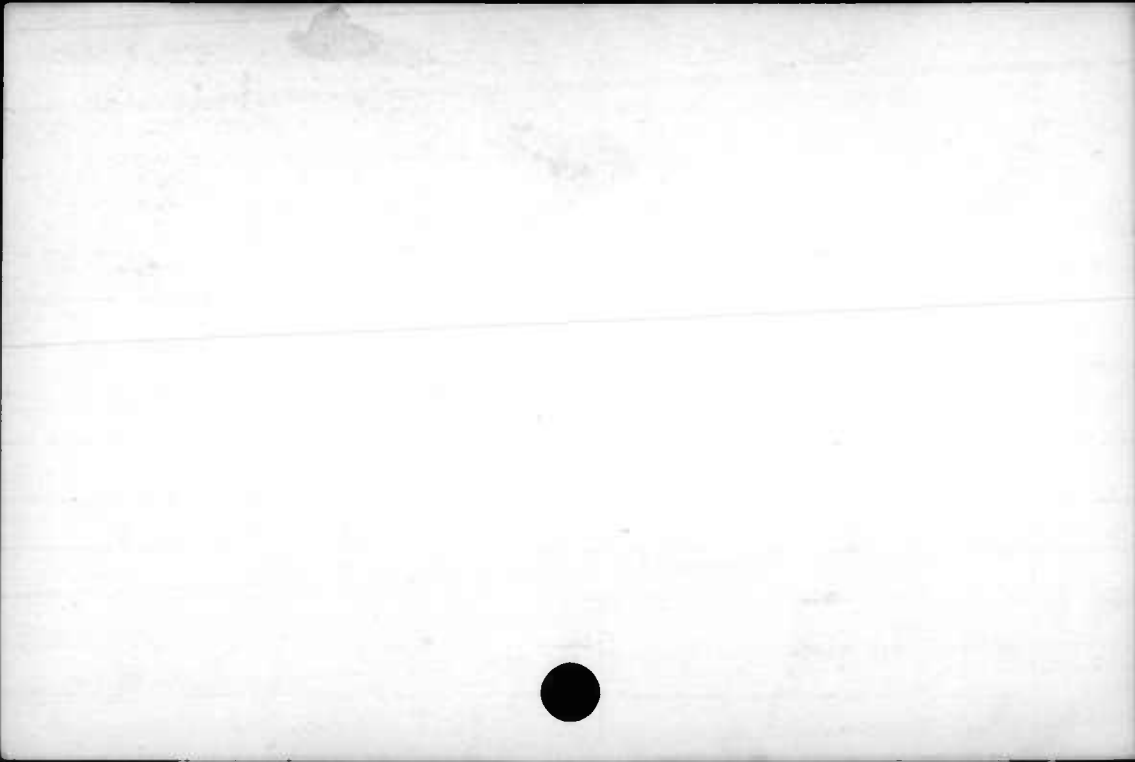
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |                        |                        |                                     |      |
|--|----------------------------|------------------------|------------------------|-------------------------------------|------|
| Died at <i>Salisbury</i> Town                      |                            | <i>Wicomico</i> County |                        | MARYLAND                            |      |
| Date of death 190 <i>2</i>                         | Month <i>11</i>            | Day <i>22</i>          | Age <i>38</i>          | Months                              | Days |
| Sex <i>Male</i>                                    | Color or Race <i>Black</i> |                        | Birth-place <i>Ind</i> |                                     |      |
| Married, Single or Widowed <i>Married</i>          | Occupation <i>Labourer</i> |                        |                        |                                     |      |
| Name of Wife or Husband <i>Mary King</i>           |                            |                        |                        |                                     |      |
| Father's Name                                      |                            |                        |                        | Father's Birthplace                 |      |
| Mother's Maiden Name                               |                            |                        |                        | Mother's Birthplace                 |      |
| Name of person giving information <i>Mary King</i> |                            |                        |                        | How related to deceased <i>Wife</i> |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary   | How long <i>Six months</i>                 |
| Immediate <i>Bright's Disease</i>   | How long                                   |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. A. Denson</i> |
|   | Address <i>Wicomico Md</i>                 |
| Accident or Suicide?  |  |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                       |                                     |                                       |                 |                |  |
|---|----------------------------|-----------------------|-------------------------------------|---------------------------------------|-----------------|----------------|--|
| Died at <i>Salisbury, Md.</i>                   |                            | Town <i>Salisbury</i> |                                     | County <i>Micommis</i>                |                 | MARYLAND       |  |
| Date of death 1902                              | Month <i>Nov.</i>          | Day <i>14</i>         | Age                                 | Years <i>26</i>                       | Months <i>8</i> | Days <i>17</i> |  |
| Sex <i>Male</i>                                 | Color or Race <i>White</i> |                       | Birth-place <i>Germany</i>          |                                       |                 |                |  |
| Married, Single or Widowed <i>Single</i>        |                            |                       | Occupation <i>Telephone lineman</i> |                                       |                 |                |  |
| Name of Wife or Husband <i>-</i>                |                            |                       |                                     |                                       |                 |                |  |
| Father's Name <i>John Lapple</i>                |                            |                       |                                     | Father's Birthplace <i>Don't know</i> |                 |                |  |
| Mother's Maiden Name <i>Don't know</i>          |                            |                       |                                     | Mother's Birthplace <i>" "</i>        |                 |                |  |
| Name of person giving information <i>McDuch</i> |                            |                       |                                     | How related to deceased               |                 |                |  |

## CAUSES OF DEATH

(over)

PHYSICIAN  
OR CORONER

|  |                                      |
|--|--------------------------------------|
| Primary <i>Typhoid fever</i>   | How long <i>29 days</i>              |
| Immediate <i>Intestinal perforation</i>                              | How long <i>26 hours</i>             |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>McDuch</i> |
|  | Address <i>Salisbury, Md.</i>        |
| Accident or Suicide?   |                                      |

This patient was a German  
who had been in this coun-  
try 3 yrs. and who knew  
very little about his  
family; he has one sis-  
ter in Philadelphia whose  
address he had forgotten  
on his admission to the  
Peninsula General Hosp. This  
is his only relative in this  
country; hence the answers  
"Don't know." J. C. White

Name  
in  
Full

Martha Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                  |              |                                      |                 |          |      |
|--|--|----------------------------------|--------------|--------------------------------------|-----------------|----------|------|
| Died at  |  | Town<br>Trapp District near Eden |              | County<br>Wicomico                   |                 | MARYLAND |      |
| Date<br>of death 190                                     |  | 2                                | Month<br>Nov | Day<br>10                            | Age<br>Years 65 | Months   | Days |
| Sex<br>Female  |  | Color or<br>Race<br>White        |              | Birth-<br>place<br>Md                |                 |          |      |
| Married, Single<br>or Widowed<br>widow                   |  | Occupation<br>Housework          |              |                                      |                 |          |      |
| Name of Wife or<br>Husband                               |  |                                  |              |                                      |                 |          |      |
| Father's<br>Name<br>Don't know                           |  |                                  |              | Father's<br>Birthplace<br>Don't know |                 |          |      |
| Mother's<br>Maiden Name<br>Don't know                    |  |                                  |              | Mother's<br>Birthplace<br>Don't know |                 |          |      |
| Name of person giving<br>in formation<br>Humphrey Martin |  |                                  |              | How related<br>to deceased<br>Son    |                 |          |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |  |  |
|---|--|--|--|
| Primary<br>Supposed Consumption 27                                      |  | How long<br>4 months                           |  |
| Immediate   |  | How long                                       |  |
| Are the name, age, sex, color, date<br>and place correctly given above? |  | Signature of<br>Physician<br>D C Holloman & Co |  |
|   |  | Address<br>Salisbury Md                        |  |
| Accident or Suicide?  |  | Undertakers                                    |  |



Name  
in  
Full

Mina Miller

## CERTIFICATE OF DEATH

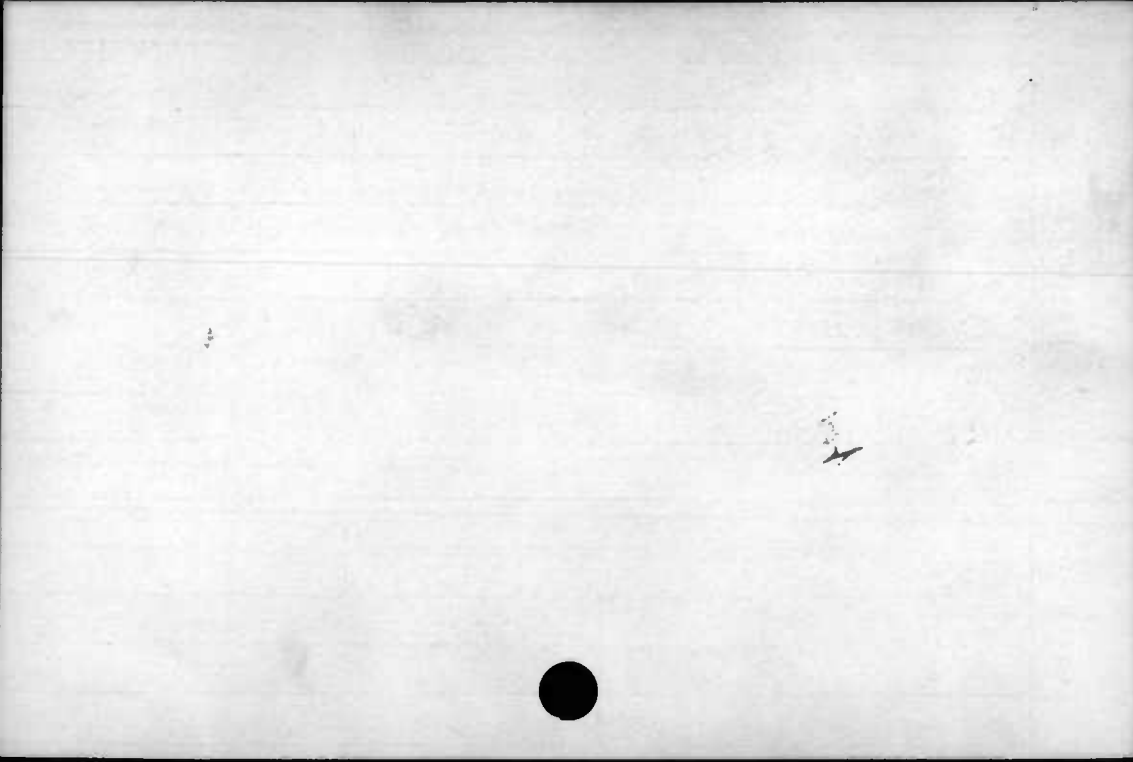
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                              |                             |  |                |                 |
|---|------------------------------|-----------------------------|--|----------------|-----------------|
| Died at <i>Salisbury</i> Town                         |                              | <i>Wicomico</i> County      |  | MARYLAND       |                 |
| Date of death 190 <i>2</i>                            | Month <i>Nov.</i>            | Day <i>14</i>               | Age <i>1 1/4</i>                                   | Years <i>6</i> | Months <i>6</i> |
| Sex <i>Male</i>                                       | Color or Race <i>Colored</i> | Birthplace <i>Salisbury</i> |  |                |                 |
| Married, Single or Widowed <i>Single</i>              |                              | Occupation <i>—</i>         |  |                |                 |
| Name of Wife or Husband <i>—</i>                      |                              |                             |  |                |                 |
| Father's Name <i>Don't Know</i>                       |                              |                             | Father's Birthplace <i>Don't Know</i>              |                |                 |
| Mother's Maiden Name <i>Clara Miller</i>              |                              |                             | Mother's Birthplace <i>Mullen Dist Wicomico Co</i> |                |                 |
| Name of person giving information <i>Rachael Byrd</i> |                              |                             | How related to deceased <i>Aunt</i>                |                |                 |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |                   |
|---|---|-------------------|
| Primary <i>Death</i>  | <i>71</i>                                     | How long <i>—</i> |
| Immediate <i>Convulsions</i>  |   | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. W. Humphreys</i> |                   |
|   | Address <i>Salisbury, Md.</i>                 |                   |
| Accident or Suicide? <i>—</i>   |   |                   |



Name in Full

Certificate of Death

Benjamin Mills

Town

County

Died Quantico

Wicomico

MARYLAND

Date 1902 Nov 21 Y. M. D. Native of Quantico Occupation Farmer  
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐  
 Female ☐ Colored ☐ Single ☐ Widower ☒ Number of children living 3 or 4

Husband of

Wife No one

Father's

Name

Samuel Mills

Mother's

Name

Don't know

Cause of

Primary Malaria

How long sick

Death

Immediate Dropsy

Accident, Suicide, Homicide

Reported by

Dr Dashiell

Address

Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 69868





Name  
in  
Full

Maria Sivanow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |                                       |               |                         |      |
|--|----------------------------|---------------------------------------|---------------|-------------------------|------|
| Died at <i>Salisbury</i> <small>Town</small> |                            | <i>Wicomico</i> <small>County</small> |               | MARYLAND                |      |
| Date of death 190 <i>2</i>                   | Month <i>Nov.</i>          | Day <i>25</i>                         | Age <i>85</i> | Months                  | Days |
| Sex <i>Female</i>                            | Color or Race <i>white</i> |                                       | Birth-place   |                         |      |
| Married, Single or Widowed <i>widowed</i>    |                            |                                       | Occupation    |                         |      |
| Name of Wife or Husband                      |                            |                                       |               |                         |      |
| Father's Name                                |                            |                                       |               | Father's Birthplace     |      |
| Mother's Maiden Name                         |                            |                                       |               | Mother's Birthplace     |      |
| Name of parson giving information            |                            |                                       |               | How related to deceased |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Eczema Erythematosa</i>  | How long <i>7 or 8 months</i>                      |
| Immediate <i>Meningitis + heart failure</i>                                     | How long <i>4 days</i>                             |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Louis W. Vernon M.D.</i> |
|   | Address <i>Salisbury Md.</i>                       |
| Accident or Suicide?  |  |



Name  
in  
Full

No name

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                   |                            |                                 |                            |                 |
|---|-------------------|----------------------------|---------------------------------|----------------------------|-----------------|
| Died at <i>Selkirk</i>                          |                   | County <i>Wesmore</i>      |                                 | MARYLAND                   |                 |
| Date of death 190 <i>x</i>                      | Month <i>Nov.</i> | Day <i>17</i>              | Age <i>0</i>                    | Years <i>0</i>             | Months <i>0</i> |
| Sex <i>Female</i>                               |                   | Color or Race <i>white</i> |                                 | Birth-place <i>Selkirk</i> |                 |
| Married, Single or Widowed <i>Single</i>        |                   |                            | Occupation                      |                            |                 |
| Name of Wife or Husband                         |                   |                            |                                 |                            |                 |
| Father's Name <i>John H. Smith.</i>             |                   |                            | Father's Birthplace <i>Del.</i> |                            |                 |
| Mother's Maiden Name <i>Ida B. Drakey</i>       |                   |                            | Mother's Birthplace <i>Ind</i>  |                            |                 |
| Name of person giving information <i>Gracie</i> |                   |                            | How related to deceased         |                            |                 |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Perinatal Birth</i>                                       | How long                                       |
| Immediate <i>Heart failure</i>                                       | How long                                       |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Louis W. Wesmore</i> |
|  | Address <i>Palishung</i>                       |
| Accident or Suicide?   |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

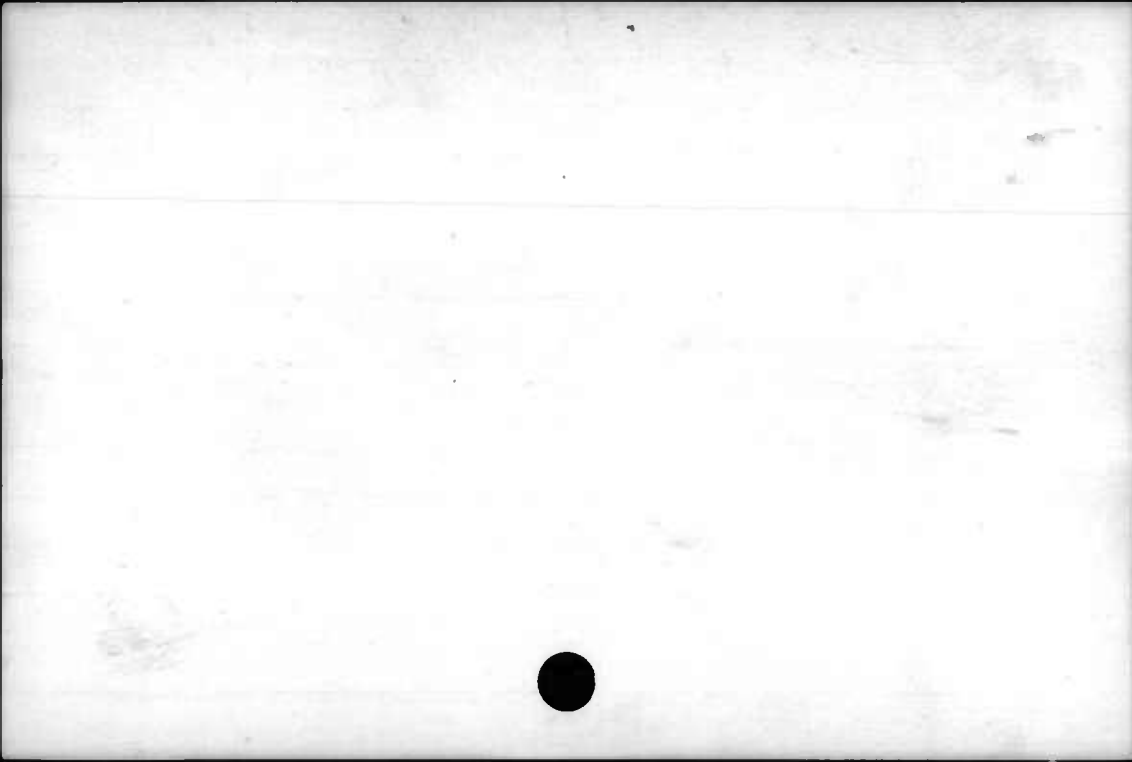
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                       |  |                                      |  |                          |  |                 |  |                |  |
|--|--|-----------------------|--|--------------------------------------|--|--------------------------|--|-----------------|--|----------------|--|
| Name <i>Mamie Taylor</i>                     |  | Town <i>Marydella</i> |  | County <i>Wicomico</i>               |  | MARYLAND                 |  |                 |  |                |  |
| Died at                                      |  | Month <i>Nov</i>      |  | Day <i>21</i>                        |  | Years <i>29</i>          |  | Months <i>4</i> |  | Days <i>12</i> |  |
| Date of death 190 <i>2</i>                   |  | Sex <i>Woman</i>      |  | Color or Race <i>White</i>           |  | Birth-place <i>athol</i> |  |                 |  |                |  |
| Married, Single or Widowed                   |  |                       |  | Occupation <i>House Wife</i>         |  |                          |  |                 |  |                |  |
| Name of Wife or Husband <i>John B Taylor</i> |  |                       |  |                                      |  |                          |  |                 |  |                |  |
| Father's Name <i>Charles W Bradley</i>       |  |                       |  | Father's Birthplace <i>Marydella</i> |  |                          |  |                 |  |                |  |
| Mother's Maiden Name <i>Marriah E Wilson</i> |  |                       |  | Mother's Birthplace <i>athol</i>     |  |                          |  |                 |  |                |  |
| Name of person giving information            |  |                       |  | How related to deceased              |  |                          |  |                 |  |                |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |  |  |
|---|--|--|--|
| Primary <i>Consumption</i>  |  | How long <i>2 years</i>                    |  |
| Immediate <i>Strangulation</i>  |  | How long <i>3 hours</i>                    |  |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |  | Signature of Physician <i>A. J. Seal</i>   |  |
| <i>J.</i>   |  | Address <i>Marydella Wicomico Maryland</i> |  |
| Accident or Suicide?  |  |  |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                              |  |   |  |               |  |
|--|--|------------------------------|--|---|--|---------------|--|
| Name <i>Maudella Turner</i>                            |  | Town <i>Salisbury</i>        |  | County <i>Wicomico</i>                  |  | MARYLAND      |  |
| Died at  |  | Date of death 1902           |  | Month <i>Nov.</i>                       |  | Day <i>18</i> |  |
| Age  |  | Years                        |  | Months <i>one</i>                       |  | Days <i>7</i> |  |
| Sex <i>Female</i>                                      |  | Color or Race <i>Colored</i> |  | Birth-place <i>Maryland</i>             |  |               |  |
| Married, Single or Widowed <i>Single</i>               |  | Occupation <i>none</i>       |  |   |  |               |  |
| Name of Wife or Husband                                |  |                              |  |   |  |               |  |
| Father's Name <i>not known</i>                         |  | 105                          |  | Father's Birthplace                     |  |               |  |
| Mother's Maiden Name <i>Elizabeth Turner</i>           |  |                              |  | Mother's Birthplace <i>Ind.</i>         |  |               |  |
| Name of person giving information <i>A. W. Phippin</i> |  |                              |  | How related to deceased <i>Employer</i> |  |               |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Improper food</i>   | How long <i>don't know</i>                 |
| Immediate <i>Anaemia</i>   | How long <i>don't know</i>                 |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Geo. H. Todd</i> |
| <i>Believe so</i>  | Address <i>Salisbury Md.</i>               |
| Accident or Suicide?   |  |

